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**Fall 2011**

## **Baby Boomers and Stereotypes**

by

Edward F. Ansello, Ph.D.

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There's been a flurry of attention on Baby Boomers, especially since the leading edge of Boomers turned 65 recently, and a number of questions. Will they change established practices in health, government, marriage, business? How do we reach them and, often, how do we market to them? The questions contain one basic flaw. They assume uniformity or at least great similarity among Boomers.

Think of it: the Post-War Baby Boom ran roughly from 1946 to 1964, although some quibble that it ended when it peaked in 1957. The Boom produced as many as 76-78 million people. Yet some want to bundle so many people into convenient packages and easily understood clichés. What none of us would accept at an earlier age, stereotyping, seems not only all right for Boomers but even something to seek.

It is true that certain events and experiences can have almost an imprinting effect, such as the Viet Nam War, Woodstock, or the administrations of certain presidents. But even these are altered by the point in development when one experiences them or the sub-group that acts as a reference point. Consider how differently the Viet Nam War might influence someone who was 10 years old in 1970 versus 20 years old. Yet both are today's Baby Boomers.

One of the most significant breakthroughs in our understanding of human aging is the realization that people tend to grow less like their age mates as they grow older. On most any measure, from heart functioning to abstract reasoning to acquired vocabulary, research shows that there tends to be more variability the older the sample, more range of scores within older groups of adults than within younger counterparts, making generalizations very difficult.

While these findings are not absolute, they are fundamentally true, enough for me to have concluded years ago that the thrust of human development over the life course is individuation. With age we become more and more like ourselves. This would mean millions and millions of individual Baby Boomers, each with his or her own characteristics and life trajectory. Stereotyping would, therefore, be wrong but it is happening. Be suspicious when someone says, "Baby Boomers want..." or "Baby Boomers won't..."

A helpful analogy is a style of painting called pointillism, where the artist composes using small dots of paint on the canvas. From a distance, the viewer sees the intended image, an apparent whole. But looking up close, one sees thousands of individual dots of color, some big, some small, spread out all over the canvas. This is the picture of the Baby Boom and of aging today. From a distance, it looks like uniformity but in reality the big picture is made up of incredible numbers of separate colors, textures, sizes, depths, and so on.

Lots of people make the mistake of focusing only on the big picture and ignoring the separate dots. This includes government policy makers, educators, health care providers, and people in business. As for business, if ever there was a case for distinguishing between selling (pushing a product) and marketing (finding out what the consumer wants), the great variety within the Baby Boom is it.

True, in a number of ways there are commonalities among us as we age, like graying or loss of hair, the need for correctives lenses, and gravitational pull on our body shapes. But these are relatively minor. On most important dimensions, growing older increases the variety within an age group, with each older person reflecting the individual patch work of his or her personal life history. So, if we were to follow a birth group of Baby Boomers through the life course, we would see that the life course would affect each one a bit differently, as each experiences and catalogues events through individual prisms already shaped by life's experiences.

This reality, increasing variability with age, is an unpopular message, especially for people looking for an easy stereotype. But this fact has not stopped many from making pronouncements and generalizations about Boomers. Of course, interested parties can still compute averages but, with ranges getting larger, averages become more meaningless. In fact, with such a huge number of Boomers, successful outreach or marketing must narrow its focus and hone in on just a tiny segment or sub-set of the many dots.

Many gerontological and geriatric professionals (those who study and care for older adults) are aware of what we call the *geriatric* or *aging imperative*; namely, the thrust of human development after the reproductive cycle seems to be individuation, becoming more and more like oneself. While earlier in life we were shaped by norms that influenced what clothes we wore, when and who we married, and so on, perhaps in a primal drive to ensure the continuation of the species, after mid-life Mother Nature seems to have little drive to conformity. Of course, the greater the numbers of people there are in a group, the greater the likelihood of finding some who share certain characteristics; but this does not negate the geriatric imperative. *One to the millionth power is still one.*

Individuation may help to explain why the number of physicians and nurses in geriatrics in the United States has been steadily declining at the very time when logic would dictate that the numbers should be increasing. (Note: if Baby Boomers are successful, they *will* grow older!) Geriatric health care providers have the most diverse and heterogeneous patient base, and the influx of Boomers over time will only make it greater. Five older

adults visiting the health care provider with similar symptoms or complaints will nonetheless have five different support systems, levels of understanding what's being said, financial resources, likelihoods of following the provider's advice, belief systems, etc., all of which influence the outcome of treatment. Because of individuation, the geriatric provider, perhaps more than others, needs to pay careful and continuous attention to the trajectories of older patients, and to gather full updates of their progress, and to discover how this one differs from that one. But all this takes time and time is often the least available commodity among health care providers drifting toward shorter and shorter "encounter times" with their patients; furthermore, insurance tends to discourage taking this necessary extra time because, after the initial intake and patient history, such extensive interactions tend not to be reimbursed by third party payers.

In Virginia, we have a new Virginia Geriatric Education Center (VGEC), which is a consortium of health care providers at Virginia Commonwealth University, Eastern Virginia Medical School, and the University of Virginia, which is dedicated to developing interprofessional care for older adults, care that draws upon the talents of providers in medicine, pharmacy, nursing, social work, and physical therapy and that involves the patient in the process. The VGEC is training current health care providers and the students who are the next generation of providers to respond meaningfully to increasing numbers of older individuals.

Among the take away messages for Baby Boomers is that you are an individual first. In many, perhaps most, ways, the fact that you are a member of a large Baby Boom is not very relevant. From mid-life on we have opportunities to make the most of our uniqueness rather than to be swayed by the herd.